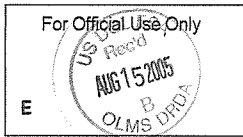


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6365</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>SCOTT</u> <u>T</u> <u>MALLEY</u> P.O. Box, Bldg., Room No., if any Street <u>2201 LIBERTY AVE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>	4. Name, file number, and address of labor organization. Name <u>IRONWORKERS LOCAL #3</u> Labor Organization File Number <u>013-253</u> P.O. Box, Building and Room Number, if any Street <u>2201 LIBERTY AVE</u> City <u>PITTSBURGH</u> State <u>PA</u> ZIP Code + 4 <u>15222</u>
5. Position in labor organization. 	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.    7.b. Amount.  

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Scott T. Malley On 8/11/05 (412) 227-6767  
Date Telephone Number

Name of Person Filing

SCOTT MALLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name BOYD - WATTERSON ASSET MGMT.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1801 E. 9TH ST SUITE 1400City CLEVELANDState OHIOZIP Code + 4 44114

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRON WORKERS OF W. PA. BENEFIT PLANTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2201 LIBERTY AVECity PITTSBURGHState PAZIP Code + 4 15222

## 11.a. Nature of such dealing.

INVESTMENT FIRM  
PENSION - WELFARE PLAN11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

3/28/04 DINNER IN WASHINGTON D.C.  
AT LEGISLATIVE CONFERENCE

## 12.b. Amount.

\$77.59

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

SCOTT MALLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WACHOVIA RETIREMENT SERVICESTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 401 S. TRYON STCity CHARLOTTEState N.C. ZIP Code + 4 28288

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRON WORKERS OF W, PA, BENEFIT PLANTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 2201 LIBERTY AVECity PITTSBURGHState PA ZIP Code + 4 15222

11.a. Nature of such dealing.

PROFIT SHARING PLAN RECORD KEEPER11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

HOTEL, AIRFARE, MEALS - MAY 8TH  
MAY 9TH 2004 WHILE IN CHARLOTTE  
TO TOUR WACHOVIA CUSTOMER INFOR-  
MATION CENTER IN CHARLOTTE N.C.

12.b. Amount.

\$1000.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

File Number U-

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

\$175.00

or Consultant ☐ ?

Name of Person Filing

**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

**12.b. Amount.**

**13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?**

**14.b. Amount of payment.**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

## 11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

12.b. Amount. 

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IRON WORKERS OF W. PA BENEFIT PLANS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2201 LIBERTY AVE

City PITTSBURGH

State PA ZIP Code + 4 15222

## 14.a. Nature of payment.

HOTEL, AIRFARE, CONFERENCE FEES  
DAILY EXPENSES WHILE ATTENDING  
ANNUAL INTERNATIONAL FOUNDATION  
CONFERENCE IN NEW ORLEANS  
11/29/04 - 12/5/04

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

## 14.b. Amount of payment.

\$4082.32

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name KOERNER, COLARUSSO, & BLOOM P.A.Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE GATEWAY CTR, 13TH FL. NORTHCity PITTSBURGHState PA ZIP Code + 4 15222

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name IRON WORKERS LOCAL #3Trade Name, if any: IRON WORKERSP.O. Box, Bldg., Room No., if any Street 2201 LIBERTY AVECity PITTSBURGHState PA ZIP Code + 4 15222

## 11.a. Nature of such dealing.

LOCAL UNION ATTORNEY11.b. Approximate dollar value of such dealing. 

## 12.a. Nature of interest held or income received.

CHRISTMAS GIFT OF FOOD  
12/17/0412.b. Amount. \$74.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.